



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

September 11, 2007

Shannon Miller, Administrator
Seasons At Boise-Seniorcare Turlock/boise, LLC
10250 W Smoke Ranch Drive
Boise, ID 83709

License #: RC-878

Dear Ms. Miller:

On July 26, 2007, a follow-up/revisit, state licensure survey was conducted at Seasons At Boise-Seniorcare Turlock/boise, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink that reads "Donna Henscheid". The signature is written in a cursive, flowing style.

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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August 2, 2007

Shannon Miller, Administrator
Seasons at Boise-Seniorcare Turlock/Boise, LLC
10250 W Smoke Ranch Drive
Boise, ID 83709

Dear . Miller:

On July 26, 2007, a follow-up visit to the initial survey survey of March 22, 2007, was conducted at Seasons at Boise-Seniorcare Turlock/Boise, LLC. The core issue deficiencies issued as a result of the March 22, 2007, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 25, 2007.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson", written in a cursive style.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

c: Lynne Denne, Program Manager, Regional Medicaid Services, Region IV – DHW



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BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Season's of Boise</i>	Physical Address <i>10250 W. Smoke Ranch Dr</i>	Phone Number <i>208-322-2900</i>
Administrator <i>Shannon Miller</i>	City <i>Boise</i>	ZIP Code <i>83709</i>
Survey Team Leader <i>Donna Henscheid</i>	Survey Type <i>Follow-up</i>	Survey Date <i>7/26/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	305.02	The RN did not assure medications were available in the facility as ordered by the physician for Resident #10 and #6. e.g. immodium and tylenol PRN.	9/10/07	DN
2	305.03	The RN was not informed Resident #6 had fallen on 7/7/07 until two days later. However, facility nurse took appropriate ^{action} by notifying the resident's physician.	9/10/07	DN
3	305.08	The facility nurse did not provide staff education regarding the tracking and use of Resident #2's bed base.	9/10/07	DN
4	320.02	The NSA for resident #2 did not describe care she was receiving regarding use of a una boot, leg brace and wound care for stasis ulcers. The NSA for resident #6 did not describe specific interventions for edema, swelling legs and UTIs.	9/10/07	DN
5	310.01	The facility did not have a variance for prescribed medications for a random resident.	9/10/07	DN

Response Required Date <i>8/26/07</i>	Signature of Facility Representative <i>Shannon Miller</i>	Date Signed <i>7/26/07</i>
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Non-Core Issues

Punch List

Facility Name	Season's of Boise	Physical Address	10250 W. Smoke Ranch Dr.	Phone Number	208-322-2900
Administrator	Shanno Miller	City	Boise	ZIP Code	83709
Survey Team Leader	Donna Henscheid	Survey Type	Follow-up	Survey Date	7/26/07

NON-CORE ISSUES

[illegible]

Response Required Date 8/30/07	Signature of Facility Representative Shanna Miller	Date Signed 7/26/07
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